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P.E.I. MINISTER OF HEALTH & SOCIAL SERVICES

P.E.I. ADDICTION SERVICES

ADDICTION SERVICES EVALUATION

REPORT

January 31, 1983

Mason Management Inc.
Addiction Services Evaluation

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ACKNOWLEDGEMENTS

"The field is full of moral entrepreneurs....."

("The Outsiders" by Howard Becker, quoted by Brigitte Neumann, Coordinator of Research, Nova Scotia Commission on Drug Dependency.)

and....."unique confusion"

(Dr. George Strachan, Victoria, B.C.)

Every person to whom we talked during the course of this study gave their time willingly, generously, and with obvious concern for:
- those who now suffer from addictions,
- those in jeopardy who need information and intervention now, to minimize their treatment and care needs later,
- those who dedicate themselves to the activities of prevention, treatment and care,
- and those who must make decisions balancing needs, philosophies and affordability.

Respondents to this study are listed in section 4. We wish to record our gratitude for their contributions, which included a variety of viewpoints and emphasis.

This report is made to the Minister of Health & Social Services. Should he choose to circulate it, we would not expect that it will satisfy all. There are many experts in this complex field, and many more with strong opinions. No evaluation of addiction services can be "complete" or beyond criticism. But we hope that this study's constructive objectivity will be recognized, and that it will help serve the general desire to reduce the problems and penalties of addictions.

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1. EXECUTIVE SUMMARY

There have been many changes and vast improvements in the provision of addiction services in PEI in the last decade, and particularly in the last 3 years. More than at any time before, it is possible now to highlight strengths, and to argue for the need to perpetuate much of what is now offered.

Dissatisfaction remains, but for much healthier reasons: a yearning for ways and means to be yet more effective; frustrations with affordability limits that constrain particularly the amount of time available to spend on the various initiatives considered desirable; frustrations with inability to maximize the potential value of some resources.

Several hundred people - employees and volunteers - bring sincerity, dedication, trained skills, and wisdom and empathy from bitter personal experience, to bear on the joint tasks of education, intervention, treatment and care in addiction services for PEI. Evidence of increasing community awareness, more positive public attitudes, teamwork with increasing numbers of volunteers and workers in related fields, may to some extent be linked with the decentralization of responsibility - the delegation of service delivery methodology to separate county authorities - begun in 1980.

But, while many have felt the improvements, not all the intended benefits of that decentralization process have been achieved. It has been known for some time that recent progress has been far more marked in Prince and Queens counties than in Kings. A degree of rivalry between the county organizations, while beneficial when it spurs initiatives and pride, can also be seen to be causing some inefficient and possibly confusing individuality in procedures and communications, and some increase in parochialism. A communications gap between the county organizations and the Central Office has opened. The roles and authority of the provincial Director and his staff are not clear.

For these and other reasons, it was felt timely to conduct an evaluation of PEI addiction services that would focus on the most apparent strengths and weaknesses in something of a "report card" fashion, but with constructive analysis and recommendations. It has been more than two years since contracts were first made with county agencies; more than three since the "Report of the Advisory Committee on Alcohol & Drug Addiction Treatment & Prevention Services on PEI" (October, 1979); and almost five years since a comparable study by an independent consultant (Wilfred E. Boothroyd, July, 1978).

As a result, the Minister of Health & Social Services asked Mason Management Inc. (MMI) to conduct such a study, to be completed as early as possible in 1983.

This report presents MMI's assessment of the most significant research results, and our conclusions and recommendations. Time and budget parameters forced us to be selective in choice of topics for evaluation. There are many aspects only lightly touched here that are worthy of deeper examination. This report cannot so exhaustively answer any issue as to prompt decisions without regard to other variables. But it has been our aim to provide evidence to help set priorities and influence those necessary decisions related to potential effectiveness, expenditure affordability and future efforts.

The next section in the first part (A) of this document summarizes our recommendations. Parts B and C provide full detail on the research, analysis, conclusions and recommendations. But it is important to first note here that the study was not conducted by addiction service specialists, and did not attempt to explore aspects such as program content which would have required such special expertise. Although we have had some prior experience in this field (and others similar to it), MMI were retained as business and project management consultants, to evaluate whether addiction services on PEI are organized and functioning in a businesslike way, with clear purposes and objectives, and with efficiency and progressive effectiveness.

The research included 60 interviews, and the analysis rests heavily on the information, opinions and values reported by those respondents - who are experienced in the addiction services and related fields, or who are knowledgeble in other useful ways. The patterns evident in their comments, combined with MMI's experience in research and evaluation, provide this report's credibility.

The highlights of this report are as follows:

- There is clear evidence that, on the whole, addiction services on PEI are now being provided with much greater effectiveness, with more community support, with benefits apparent to workers and professionals in this and related fields, and with potential for yet more progress in the future. In Prince and Queens counties, the old controversies that so debilitated effectiveness have largely disappeared. We suggest that the use of a 75% score for PEI, 85% for Prince and Queens counties, and 60% for Kings County - all above the "pass" mark - might convey some impression of achievements.

- The gains made in Kings County are being eroded by weaknesses. There is a need to take immediate steps to expand the perspective, expertise and ability of the agency responsible there, so as to restore stability and staff morale, maximize the potential effectiveness of expenditures, and provide for a more balanced and cooperative relationship with Central Office, the other county agencies, related services and the general community. Unfortunately, it is apparently necessary to reimpose the control of prior approval over all decisions in Kings County, pending those changes, to prevent further deterioration.

- There is a need for more detailed review of the present organizational structure, to clarify roles, responsibilities and authority, and to increase the use of central resources.

- There is a need for a more systematic approach to the establishment of budgets, and for a better sense of priorities, so that the cost of addiction services - already near the highest on the continent in per capita terms - will not continue to escalate without close scrutiny of cost-effectiveness altenatives.

- Careful considerstion should be given to the fact that the majority of this study's respondents feel that:

  - every present facility and service is creating some benefit, should be retained if affordable, and could be damaging if cut,
  - but there are evidently major benefits to be gained by increasing the amount of money and time spent on rehabilitation and "outreach" programs (education, family care, after care, etc.),
  - and that to finance those increases, many would if necessary favour reductions in spending on simple shelter/care facilities. Given the perceived relative ineffectiveness of the Farm, and the relatively high number of half-way house beds for men, many would reduce these in favour of a facility for **women**, as well as for the programs cited above.

- Aware of the present need for spending restraint, and that even a sustained budget in light of inflation must mean that some jobs, facilities or programs might have to be reduced, most respondents pointed to the Farm and the half-way houses as least valuable now. But most also suggested that were those services cut now and restored in better times later - or even if they were retained now - they should be reorganized to be made far more effective.

- There is a crying need to move the Addiction Treatment Centre in Charlottetown to better quarters. We conclude that relocation to the former Provincial Sanitorium building can be immediately justified.

2. SUMMARY OF RECOMMENDATIONS

Subject	Recommendation	Report section	Page
Addictions Act	Additional consideration should be given to alternative means of implementing its intent, such as the transfer of "compulsory intervention" clauses over to an amendment to the Liquor Control Act.	5.5.	29.
Advisory Committee	It is appropriate now to reconsider and clarify the desired objectives and functions of this Committee.	5.1.	22.
Agency contracts	Something similar to the detailed policy documents developed by Health & Social Services for other agencies is also needed for Addiction Services, to clarify agency contract intent, evaluation criteria, specific responsibilities and degrees of authority.	5.1.	21.
Budgetting	There should now be more attention given to deletions and replacements - shifts of dollars from the least to the most effective uses - than to proposals for yet higher spending.	5.4.	27.
Central Office/county agency relationships	We recommend that these lessons be applied in a review and upgrading of: - the authority and responsibilities of the provincial Director, - the job descriptions of the Central Office staff, - the intended role of the County Directors, - the policies and procedures that should amplify agency contracts (performance standards and review mechanisms).	10.1.	61.
Central Office effectiveness	The problems must be solved by increases in communication and cooperation, and by clarification of the division of responsibilities.	6.2.	32.
Communication lines	All communication lines should intersect at the Central Office, including those of the Advisory Committee and Addiction Residences Inc.; it is inappropriate for the Minister to be used as a communications expert; the provincial Director and his staff should have clear responsibility (and authority) to encourage and if necessary impose appropriate uniformity of standards and procedures on the county agencies; any changes to give effect to these suggestions should be clearly communicated to the agencies.	6.3.	33.

2. SUMMARY OF RECOMMENDATIONS

Subject	Recommendation	Report section	Page
Consultation	County Directors and Boards should consult carefully with Central Office on issues related to budget management, e.g. job classifications, and hiring, probation, discipline and firing procedures, as well as expenditure planning and control.	5.1.	21.
Education Officer (Central Office)	Education Officer and her programs (CORE, NPC, etc.) should be used much more, with the support of the County Directors.....and the urging of the provincial Director.	6.3.	33.
Farm - effectiveness	Until its objectives are spelled out, until firm policies to implement those objectives are accepted, and until it is equipped to enable it to operate as a potentially productive unit, no manager - however well qualified and well-intentioned - could achieve what was originally intended.	8.2.	43.
Financing & budgetting	To ensure that budgets are always based on fresh evaluations of priorities and alternatives, we recommend that the county agencies (and the Central Office) should be required regularly to submit budgets for plans that in total involve: a) no change except inflation, b) 10% more than a), c) 10% less than a). With the involvement as appropriate of the Minister and the Advisory Committee, the Addiction Services Dirctor and his staff should then propose which of the fresh initiatives and which of the cutbacks merit acceptance.	10.2.	63.
Half-way houses and the Farm	It appears timely to reconsider this aspect of addiction services strategy. We cannot fail to observe that much caution is needed in evaluations of alternative uses of available funds; but we must also reemphasize the consensus that, if available funds in times of economic pressure cannot continue to cover all bases, the simple "care facilities" are the least evidently beneficial for the long run.	8.3.	47.

2. SUMMARY OF RECOMMENDATIONS

Subject	Recommendation	Report section	Page
Half-way houses and the farm	We conclude that it is appropriate for Boards and Government to look towards the half-way houses for possible cost savings, particularly when there is no other way to finance new initiatives with potentially greater benefit. However, we also conclude that the possibility of negative impact cannot be left out from any consideration of bed reductions.	10.5.	69.
Half-way houses and the farm	For the longer term, we recommend that attention should be given to the merits of converting half-way houses from simple shelter and minimal therapy to shelter workshops of the type becoming more popular in other provinces.	10.5.	69.
Half-way house for women	We conclude that it is a pressing need, and that there is considerable support for a solution to it. But it will not be easy to make such a decision in light of the potential impacts noted above.	10.5.	70.
Industrial Program Officer	Should draft a revised job description, working with the provincial and county directors.	6.3.	33.
Kings County Board	We conclude that the belief that better results could be achieved, combined with the evidence of widespread dissatisfaction, demonstrates that change indeed must be made, hopefully in a voluntary manner.	10.3.1.	66.
Kings County Board	We recommend that the Kings County Addiction Services Inc. Board be upgraded to achieve a more appropriate balance between direct experience, management expertise and professional knowledge, and that this new balance be tested by the need to obtain the respect and confidence of the employees as well as broad community support.	10.3.1.	67.
Kings County Board	Further, we recommend that the implementation of all decisions by that Board and recorded in its meeting minutes be subject to prior evaluative review by the Addiction Services Dirctor, until such time as the Director is satisfied that the Board has become capable of exercising independent responsibility.	10.3.1.	67.

2. SUMMARY OF RECOMMENDATIONS

Subject	Recommendation	Report section	Page
Kings County Director	The County Director - who should be responsible for day-to-day management decisions beyond ordinary administration - should be given full opportunity to demonstrate her capabilities, as County Directors are elsewhere.	9.3.	57.
Kings County employees	It would be inappropriate and unfair to permit the present Board to dismiss any senior staff, or to discipline or dismiss any other employee without the concurrence of the County Director. But a Board with more balanced composition, that earns the respect of its employees through its self-adjustment (or that is freshly appointed) should have those normal rights restored.	10.3.2.	67.
Kings rehab program	We recommend that either supervision authority over the rehab program, or delivery responsibility, or both, be given back to Anne Tierney - who prepared the program and trained the present counsellors, and who we rate as one of the most valuable resources in this field in all of PEI.	9.3.	57.
Kings rehab program	We recommend that one of the first priorities of an expanded Kings County Board be to determine whether a fully effective residential rehab program could ever anticipate client numbers sufficient to justify a facility separate from Souris.	10.6.	70
Montague drop-in centre	We recommend that the Montague drop-in/distress centre be suspended until an expanded Kings County Board can reconsider the merits of alternative ways to maximize service to Southern Kings.	10.6.	70.
Out-of-province treatment	We recommend that Dr. Killorn's projections of declining need be embodied in budget reserves.	8.2.	45.
Outreach programs	We conclude that Boards would be well advised to take note of the large measure of consensus concerning the need for expanded outreach programs and personnel, and that Government should give additional weight to consideration of funding requests for such activities.	10.4.	68.

2. SUMMARY OF RECOMMENDATIONS

Subject	Recommendation	Report section	Page
Prince County detox	Consideration should be given to naming it as an additional alternative to the Charlottetown Addiction Treatment Centre for Mental Health Act referrals.	7.2.	37.
Prince County relocation	We recommend that Prince County Addiction Services Inc. be encouraged to develop details of its proposal to relocate to a new building with more space, and that this subject be a high priority for cost-effectiveness evaluation within the study recently funded there by the Canada Employment & Immigration Commission.	10.6.	70.
Provincial Director	The Director's job description should be amplified; it should include statements of authority to coordinate budget proposals, propose budget amendments, and monitor the implementation of contract obligations - all on behalf of the Minister; the amplified description should be circulated to the county agencies to demonstrate the act of delegation.	5.1.	23.
Provincial Director	Encourage the Director to draft his own new job description, with statements of accountability, authority, responsibility and communication lines, for the Minister's amendment and approval.	6.3.	32.
Queens ATC relocation	There appears to be an eminently acceptable case for immediate approval of expenditures for the move, and we recommend that the case be presented to Executive Council without delay.	8.3.	47.
Queens ATC relocation	We recommend that the Queens County Addictions Treatment Centre (and the Central Office) be moved to the Provincial Sanitorium Building as soon as possible.	10.6.	70.
St. Eleanors House Manager	There is room for continued dialogue on problems, but not to the point where - when decisions must be made - any employee is allowed to scoff at authority.	7.1.	36.

2. SUMMARY OF RECOMMENDATIONS

Subject	Recommendation	Report section	Page
St. Eleanors House	We have no choice but to agree that the its continued existence is in jeopardy so long as its relative effectiveness is rated below alternative uses of the same funds.	7.4.	40.
Staff training	We recommend that a campaign be planned to appraise staff training needs, prepare an upgrading program, and obtain County Board and Director commitment to its implementation.	10.7.	71.
Statistical information	There is a need for rationalization, streamlining and reduction in the amounts and uniformity of data collection for analysis, and for increases in analysis and communication to the county agencies.	10.7.	71.

B. RESEARCH AND ANALYSIS

3. STUDY SCOPE, METHODOLOGY AND CREDIBILITY

3.1. Scope and methodology:

The terms of reference for this evaluation were not initially structured to force any special focus. The impact of addictions - particularly to alcohol - is widespread, the penalties in human suffering and economic burden are substantial, and the problems of prevention, treatment and care are complex and controversial. It was desirable, therefore, that the objectivity of the research be protected.

We had the benefit, however, of input from the Addictions Advisory Committee, and from knowledgeable representatives from the department and agencies reporting to the Minister, as well as acceptance of our study proposal, to guide our choice of methodology and contacts.

Research began with a review of pertinent literature, including the Boothroyd and Advisory Committee reports, annual reports of the Addiction Foundation of PEI (to 1980) and of Addiction Services of PEI (1981), and other papers and statistical information collected from the three Maritimes provinces during previous work in this field.

In each of the three counties, in-depth personal interviews were then held with the Chairman of the Board of Directors of the Addiction services contracting agency, the primary Medical Consultant, the County Director, the senior staff, and selected employees. Minutes of Board meetings were studied, to gain impressions on meeting attendance and conduct, subjects given attention, types of decisions made, and records of factors taken into consideration.

Interviews were designed to gather information on program activity and content, experience and observable skills of respondents, and attitudes and observations about organizational, managerial, program and service delivery strengths and weaknesses. In addition, interviews attempted to probe for patterns of consensus on desirable improvements, priorities, effectiveness and ineffectiveness.

All addiction services facilities in PEI were visited, including the Alcohol & Drug Problems Institute (ADPI), the special Assessment Unit at the Charlottetown Addictions Treatment Centre, and the Farm Unit at Fredericton, and available statistics were gathered on occupancy levels, and program attendance, completion and discharge timing.

A Kings County Board meeting was attended, followed by a group discussion with the Board members.

At the Addiction Services Central Office, in-depth personal interviews were held with the provincial Director and three members of staff.

Additional personal interviews were held with the Director of Field Services for the Dept. of Health & Social Services, who provided valuable perspective on linkages between the various government services, and with the Minister and the Premier, both of whom conveyed a strong sense of priority about the subject of addiction services.

Finally, telephone interviews were conducted in each of the three counties, to expand coverage to leaders and professionals in related fields and to responsible and knowledgeable citizens with useful experience. These interviews probed for confirmation or contrasts concerning public awareness and attitudes, perceptions of changes in the activities and effectiveness of addiction services in their areas, impacts on related services, and - in the case of Kings County - willingness to serve on the agency Board.

Literature and interview notes were then analyzed for patterns of significance and consensus, and draft conclusions and recommendations were prepared for discussion with a group composed of the Deputy Minister of Health & Social Services, the Addiction Services Director, the Chairman of the Addictions Advisory Committee, and the Director of the Dept. of Health & Social Services Policy & Planning Unit. The group required no changes to the draft conclusions and recommendations, but was able to provide valuable supplementary information.

The report was then drafted, with changes made to the wording of the last sections to reduce duplication.

3.2. Credibility:

As shown in section 4, a total of 78 contacts contributed to the research for this study, including 33 by personal interview and 27 by telephone.

As is common in such evaluations, analysis was weighted heavily to patterns of common views expressed by those with credentials of experience and detailed knowledge, particularly when those patterns could be compared with results in other counties and provinces.

Prior MMI experience brought to this study includes the following:

- Opportunity Feasibility Study for the Minister of Health & Social Services on a proposed Private Addiction Centre. Included exposure to addiction services facilities, programs and statistics in PEI, Nova Scotia and New Brunswick, and contact with many professionals in the field throughout Canada and the U.S.

- Studies for clients active with the employment-handicapped, such as The Wood Corporation, Atlantic Sulky, Four Ports Marine, etc.

- A study for the Sackville/Bedford Branch of the Canadian Association for the Mentally Retarded (CAMR).

- Studies of various types including evaluations, for about 50 other clients since 1978, including 6 other government departments or agencies, in all three Maritimes provinces and Ontario.

- Prior experience as General Manager of the PEI Housing Corporation (which provided programs for Senior Citizens, Family Housing, Social Housing, low income housing, etc.); Vice President of an international market and marketing research organization; etc.

5. GENERAL OVERVIEW

Although the process of regionalization began well before 1979 with the appointment of County Coordinators, the decentralization of management responsibility to contracting agencies in that year is the benchmark against which this study measures further progress.

That and other actions were prompted partly by the Report of the Advisory Committee. But it was not our mandate to record which of that Committee's recommendations have been implemented and which not; rather it was to note what changes have taken place, with what result, and with what further need for improvement.

With the exception of the Fredericton Farm (which has fallen well short of expected activity and effectiveness) and the deteriorating situation in Kings County, which will be further discussed below, the general opinion of respondents to this study is that addiction services on PEI are now markedly more effective. In the past 10 years, and most notably in the last 3, Addiction Services have moved from "handling the visible drunk" to the increasing application of 3 levels of prevention: education, intervention and treatment; and from centralized services, through regionalization, now to decentralized delivery responsibility.

5.1. Structure:

An organizational structure has been built which, while not weakening Government's ability to exert authority in line with its ultimate accountability, does provide far more opportunity for local initiative. Government, represented now by the Minister of Health & Social Services, remains responsible for the level and allocation of budgets.

The Minister continues to be advised by a knowledgeable Committee, which has representation from the county organizations. Responsibility for coordination, resource assistance and evaluation is still vested in a provincial Director, who has support staff. But management responsibility (with appropriate authority) has been largely delegated to delivery agencies at the county level, who can make and implement many types of decisions without delay, subject to evaluative review rather than prior approval.

Ownership or lease management of the various buildings, vested in Addiction Residences Inc., remains centralized. But the agency Boards can make their own plans for use of those facilities, for hiring, remuneration, direction, training and development, and firing of staff, for the delivery of programs, and for the use of funds.

However, the structure is not without fault, and the process of creating it therefore cannot yet be said to have been completed. The agency contracts lack clarity of intent, evaluation criteria, specific responsibilities and degrees of authority. There is insufficient definition of standards of performance expected from the agencies; lines of communication are not clear, and the desired relationship between the county Boards and the provincial Director is vague.

For other agency relationships, the Dept. of Health & Social Services has developed detailed policy documents to provide working guidelines and procedures. Something similar is needed here.

Of high importance is the need for County Directors and Boards to consult carefully with Central Office on issues related to budget management, e.g. job classifications, and hiring, probation, discipline and firing procedures under PSA and PCBC guidelines, as well as expenditure planning and control.

Many Board members are not accustomed to such necessary procedures. But, at present, the contracts do not require such consultation.

These structural weaknesses have allowed the situation in Kings County to develop, where the agency Board has acted without benefit of consultation, without implied limit from guidelines, and with an inappropriate attitude of complete independence. The provincial Director, robbed of influence by the lack of mutual understanding of his role, has been unable to impose reasonable control.

In the other counties, however, those deficiencies have not caused the same problems. There is general confusion about the Director's role, and about the responsibilities of the Central Office staff, but it has not resulted in disarray. The difference, obviously, is in the attitudes of the Boards, which in turn stems from differences in the characteristics of collective Board member experience and ability.

The Kings County situation is further discussed, with resultant recommendations, later. Under this heading, however, we wish to draw further attention to the issues of the role and authority of the provincial Director, and the role of the Advisory Committee:

The present Advisory Committee traces back to the 1979 study group, has provided continuity of advice since that group's Report, and includes some members who are also directly involved in the county agencies. We share their opinion that the Committee can continue to play a significant role in discussing priorities, comparing local inititiatives, and encouraging coordination and useful uniformity. However, we also suggest that it is appropriate now to reconsider and clarify the desired objectives and functions of this Committee.

We note that the Committee now finds it most appropriate to work with the provincial Director, and to pass their communications to the Minister through him. Structurally, that makes good sense to us, and it implies potential for a lessening degree of involvement by the Minister. Nonetheless, though we understand the priority attention the Minister is willing to give to Addiction Services, we are surprised that he continues to permit very frequent access to him from those involved with this one aspect of his large portfolio of responsibilities.

We would have expected that he would have delegated more authority to the provincial Director, so as to reduce the burden on his time. We suspect that the difficulty lies, again, in the lack of a clear description of the Director's role, responsibilities and authority. We suggest that the Director's job description should be amplified; that it should include statements of authority to coordinate budget proposals, propose budget amendments, and monitor the implementation of contractual obligations - all **on behalf of the Minister;** and that the amplified description should be circulated to the county agencies to demonstrate the act of delegation.

Some respondents expressed their opinion that effectiveness in the position of provincial Director requires formal training in the subject, and perhaps also personal experience. While not disagreeing that these could be advantages, we suggest that administrative experience and ability are the prime qualifications, since this is essentially an administrative position. The provincial Director does not just supervise central resources for the benefit of the county agencies, but also represents the Minister's interest in the agency contracts.

5.2. Service expansion:

But these structural issues and resultant troubles have not prevented improvement in services, even in Kings County. In all 3 counties

since 1979, there have been activity increases aimed at each of the "three levels of prevention":

More people in paid positions are concentrating on **public awareness and education.** Emphasis has been given to the creation of more Employee Assistance Programs, to the involvement of more sources of referrals, and to programming for families — all aimed at increasing the opportunities for successful **intervention.** And, most significant, there have been dramatic changes in **treatment** activities.

Rehabilitation efforts, formerly little more than limited orientation and counselling during detoxification treatment, have been expanded into 14-21 day programs, with fully scheduled activities and comprehensive content. Such programs are now gaining a reputation for effectiveness. In most detox centres, great emphasis is placed on the detox/rehab "linkage" - pressing hard to pursuade detox clients to make a commitment to enter rehab treatment. In Prince and Queens counties, such programs are attracting substantial numbers, and are offered in both residential and out-patient forms. In Kings County, an excellent program was created, but numbers entering and completing the program have declined.

Methods and manpower have been added to involve client families in treatment programs, and to organize "after care" programs, which supplement the ever-valuable AA efforts particularly for those who would choose not to join AA.

The county agencies are also now reaching out to cooperate with AA, AlAnon, AlAteen, and other volunteer groups, and to attempt more joint case planning with Social Services and other aid agencies.

It is reported that this broader package of programs and activities, combined with more open communications, is enabling Addiction Services to reach more of the people more likely to respond to intervention and treatment.

BED COUNTS

Table 1

Prince Edward Island

	PRINCE	QUEENS	KINGS	TOTAL PROVINCE
Assessment Unit:		7		7
Detox:	12	24	12	48
Residential rehab:	5	15	(5)	(25)
Half-way house:	10	21	(5)	(36)
Farm:		14		14
Total PEI:	27	81	22	130

Population: 123,000. Beds per 1,000 population: 1.06

New Brunswick

Detox, male:	85
Detox, female:	24
(Total detox:)	(109)
Rehab, male:	45
Rehab, female:	2
(Total rehab:)	(47)
Work therapy, male:	48
Total New Brunswick:	204

Population: 697,000. Beds per 1,000 population: 0.29

Nova Scotia

Detox and orientation:	72
Short term rehab:	59
Workshops:	56
Half-way house:	9
Total Nova Scotia:	196

Population: 857,000. Beds per 1,000 population: 0.23

5.3. Cost:

But all this has not been achieved without additional cost. The total number of addiction service beds has risen from 114 in 1979 to 130 now. Table 1 (opposite) shows that, compared to Nova Scotia and New Brunswick on a population basis, both those numbers are disproportionately high, notably in detox and shelter facilities.

There are now 132 paid employees in the Service, including part-time shift workers, 28 of whom (22%) work in the Farm and half-way houses (0.6 per bed). Only 8 concentrate directly on the "outreach" programs of public education, family care, youth, Employment Assistance Programs, etc.

In all 3 counties, over 70% of employees have some combination of formal training and depth of experience in this field, and we estimate that about the same proportion have either direct or family experience with alcoholism. In Queens County, the degree of formal training is somewhat lower than average, and is more evident among the Nurses and LNAs than in prevention and rehab activities. It is said by some that the ideal worker in Addiction Services is trained, experienced, and a recovered alcoholic. If so, there are many ideal workers in this field now.

Total expenditures have escalated from $1.3 million in fiscal 1977/78, to $1.8 million in 1979/80, to $2.8 million in 1982/83. Some 76% of total expenditures budgetted for fiscal 1982/83 were for salaries, wages and benefits. Although this proportion had not risen since 1979, recent adjustments for Nurses are likely to move it above 80% in 1983/84. We noted sharp differences between the counties in classifications for apparently similar jobs, and suspect that County Directors have either given insufficient attention to comparisons or have not been permitted by Board Personnel Committees to exercise due restraint.

In total population per capita terms, we have increased spending from $10.60 (1977/78), through $15.15 (1979/80), to $23.10 now (1982/83), a level near the highest on the continent. And that level would rise yet further and faster if funding were provided for all the additional initiatives considered desirable by most of our respondents.

As one example, there is consensus that women are now being underserved; that a half-way house for women is badly needed; that the rising rate of admissions of women to detox demonstrates the need for improved and expanded residential facilities for women to take rehab programs.

But there is also confusion about why PEI's addiction service costs are already so high, and a general perception that it has to do with high wages. In fact, our research indicates that the high level is due mostly to the disproportionately high number of residential beds in a disproportionately large number of separate facilities, with the resultant duplication of functions (kitchens and cooks, supervisors and attendants, nurses, etc.). Most staff groups now could handle larger numbers of clients without additional personnel needs. This situation is largely a penalty of regionalization.

5.4. Budgetting:

Clearly, there is a need not just for restraint but also for systematic priority-setting. In recent years, budgets have been discussed on the basis of "extension plus additions". Cut-backs, either from addition lists or from basic extensions, are unpopular and resisted. Little attention, unless pressed, is given to the possibility of financing high priority advances out of low priority reductions. The reason is understandable: nobody wants to see any present service, facility or job reduction, with the possible resultant loss of care or attention to any potential addiction sufferer.

But without a systematic approach to identification of the least effective activity - that which of all activities could be cut with least damage - and of the potentially most effective new initiative, further progress cannot be achieved in any rational manner, and fresh approaches are unlikely to be financed. In the Recommendations section, we propose a solution.

In light of PEI's relatively high bed count and per capita expenditure levels, it seems appropriate that there should now be more attention given to deletions and replacements - shifts of dollars from the least to the most effective uses - than to proposals for yet higher spending. We asked most of our respondents to say where they would like to see more investment, and where they felt cuts would do least damage; the original aim of those questions being simply to detect perceptions of effectiveness and ineffectiveness. The answers will, however, perhaps also serve to help establish budget allocation priorities.

Those answers did demonstrate that there are improvement needs and opportunities, and areas of low effectiveness and relatively low value. But we identified only minor possibilities for reduction without some penalty. It is the most significant conclusion of this study that **respondents were far more eager to praise than to criticize** - in sharp contrast with past study results. Moreover, they were able to express not just positive attitudes, but evidence of improved effectiveness in many areas.

And, they ascribe that overall improvement to the set of changes made since 1979, including decentralization of management responsibility to local agencies.

5.5. Addictions Act:

The new Addictions Act was intended to embody some of the Advisory Committee's recommendations, incorporate the changeover from the Addiction Foundation to Addiction Services, and - most significant - provide for compulsory intervention in crisis situations where addictions treatment would be evidently appropriate.

Many MMI respondents regretted the fact that the Act and regulations have not yet been proclaimed. There were some important concerns expressed:

- The potential volume of such cases is unpredictable, and too many such referrals could overload present capacity, with a consequent danger that compulsory admissions could take precedence over voluntary ones.
- The danger of perceived abuse would be ever-present. Criticism could damage the reputation of Addiction Services.
- The danger of actual abuse is never to be ignored.
- No Addiction Services centre now has appropriate security for handling the violent.

Nonetheless, most respondents supported the need. Most felt that some test cases of legal action against perceived abuse would have to be expected, and could almost be considered desirable to help set the standards society will accept.

Most also felt that public attitudes are changing, with increasing confidence in the potential effectiveness of modern programs to treat addictions with more than just self-motivation, and increasing disagreement with the notion that chronic offenders should be permitted to "keep using the revolving door" of detoxification and half-way house services.

While respecting the ability of AA to help those with sufficient self-motivation, many feel that it is a proper purpose for Addiction Services to apply more formal training and effective programming to those whose lack of motivation burdens society.

The Addictions Act now remains in the regulation drafting stage. Prompted by respondent comments, we suggest that additional consideration be given to alternative means of implementing its intent, such as the transfer of "compulsory intervention" clauses over to an amendment to the Liquor Control Act.

6. CENTRAL OFFICE

6.1. Structure:

The Central Office includes the provincial Director and his secretary, a Business Manager assisted by a personnel and payroll officer, an Education Officer, and an Industrial Programs Officer.

The Central Office's purposes are to assist the provincial Director and provide resource services to the county agencies. In the 1980/81 annual report of Addiction Services of PEI, the statement "The county administrative structure is reinforced by consultation with the Central Office staff" was made as at least an expression of intent.

The same report also said: "It is the responsibility of the Director, on Government's behalf, to establish guidelines and to engage in an on-going monitoring and evaluation process with the contracting county agencies".

The Education Officer has been responsible for coordinating efforts to establish separate education programs in each county; for the development and maintenance of a resource library and the circulation of resource materials; for participation and liaison work with other provincial and national bodies in the development and use of staff training programs and new programs for client groups (e.g. women); and for maintaining links (and serving on committees) with organizations outside PEI (e.g. National Planning Committee of the Health Promotion Directorate of the Ministry of Health).

The Business Manager and his assistant maintain all financial and personnel records for the county agencies, handle the payroll, and provide other resource services such as coordination of statistics and analysis.

6.2. Effectiveness:

It is the common view in the county agencies that the effectiveness and value of the Central Office has declined in proportion to the increase in local initiatives. Some with extreme views now even feel that the Central Office is sometimes harmful in confusing communication lines and taking "independent" action.

It is our interpretation that these attitudes have three causes:

- inadequate understanding and appreciation of what is done at Central Office with general benefit,
- inadequate definition of spheres of responsibility,
- inadequate communication between the Industrial Programs Officer and the counties.

For example, the Education Officer does far more than the position title implies. The position is a resource for RN and LNA student and retraining programs, and for Manpower and Social Services homemaker training programs. Drug Awareness Week, though incorporating many local activities, was coordinated from this point. The CORE Knowledge staff training program, originally developed by a national group and refined for continuing use in other Maritimes provinces, was administered in PEI from this position, although - unfortunately - it is little used now. The NPC counselling skills program is accessible here. These resources are not ineffective or inappropriately placed here; they are insufficiently used.

Similarly, the Industrial Programs Officer's activities are not confined to encouragement of the creation of Employee Assistance Programs (EAPs). The position also carries a responsibility for media liaison and media support for the Service - positive publicity and news coverage.

The Addictions Examiner newsletter is prepared here; counties are given design help with program pamphlets; the newspaper insert for Drug Awareness Week is designed and coordinated here; the regional service centre awareness program and the school board program (Units 1,3 &4) originated here. In addition, since creation of the Industrial Program Officer position, some 45 sessions on the benefits of EAPs have been held, with exposure of this strategy to over 800 people.

But there have been problems with communication of EAP details to the counties, who are unsure which employers have such programs, how many referrals are coming from those programs (fact: 34 from one), and what procedures have been arranged with them. Further, there are personality conflicts between the present incumbent and the county staff. It is true that his counterparts in other provinces have more social service background and program experience, although not as much media liaison knowledge. But the incumbent appears too aloof and independent.

The counties say they would solve these problems by accepting full responsibility for all education, publicity and industrial program activities. In light of their simultaneous pleas that they would like to expand outreach activities but have limited manpower, we are unable to see how effectivness would be enhanced that way. Rather, the problems must be solved by increases in communication and cooperation, and by clarification of the division of responsibilities.

6.3. Improvement needs:

We have already mentioned the need for clarification of the provincial Director's responsibilities and authority. We suggest that one way to tackle that exercise would be to encourage the Director to draft his own new job description, with statements of accountability, authority, responsibility and communication lines, for the Minister's amendment and approval.

We suggest that it is highly appropriate for all communication lines to intersect at the Central Office, including those of the Advisory Committee and Addictions Residences Inc.; that it is inappropriate for the Minister to be used as a communications expert; that the provincial Director **and his staff** should have clear responsibility (and authority) to encourage and if necessary impose appropriate uniformity of standards and procedures on the county agencies; and that any changes to give effect to these suggestions should be clearly communicated to the county agencies.

Similarly, we suggest that the Industrial Programs Officer should also draft a revised job description, working with the provincial and county directors. With EAPs, the division of responsibility should probably be between initial contacts to the point of commitment and program design (central), and follow-through to the establishment of contact procedures and case reporting (county). We do not agree that the establishment of EAP programs should be left to the counties; employers require that general industry activities should have consistency and uniformity, and that such programs should have portability, which requires central design control.

The role of the Education Officer at Central Office has, indeed, shrunk over the past year. But there are values and capabilities here which are being grossly underutilized. Employees in all 3 counties expressed a desire for more initial orientation, more exposure to counselling techniques, and more staff training and development generally. The Education Officer has the materials, experience and capability for evaluation of training needs and application of programs. She and those programs (CORE, NPC, etc.) should be used much more, with the support of the County Directors.

The Education Officer has access to materials such as the Women & Addictions presentation kit "It's Just Your Nerves", "Chemical Dependency and the Clergy", and others; and the capability to lead joint development of other special programs (e.g. for parent education, the elderly, youth, etc.), for local delivery.

We would urge that the provincial Director continuously encourage county agency use of these resources, and that County Directors and Boards not take such pride in local initiative as to lose touch with what is being proved effective elsewhere.

7. PRINCE COUNTY

7.1. Structure:

Prince County Addiction Services Inc. provides a range of programs and services out of the "Nurses Residence Building" on Schurman Ave. in Summerside (17 beds, 5 used for rehab residents) and the St. Eleanors House residence in St. Eleanors (10 beds), and provides a full-time counsellor in West Prince who regularly visits the O'Leary Regional Services Centre and the Western Hospital in Alberton.

The Board of 7 members includes 2 businessmen, a Chartered Accountant, a lawyer, a clergyman, a potato inspector and an Al-Anon expert. The Board includes some recovered alcoholics; meets about monthly; pays close attention to extraordinary expenditures and activities including travel (although, this was the only agency to run far over its budget in fiscal 1981/82); uses and sticks closely to well-prepared agendas; uses a personnel selection committee; receives about $3,000 in honorariums per year, but charges no travel expenses.

The Board has the confidence of the County Director, Medical Consultant and staff, and is reputed to provide "a feeling of security and independence"...(with)..."no unnecessary interference but good communications".

The agency considers its Rehabilitation Program to be the core of "a complete model of preventive and rehabilitative services that serve and derive their support from the community".

The agency's goal is to obtain a new facility, combining detox, rehab, extended care and other programs under one roof, with more space for counselling rooms, relaxation and recreation. Towards this end, it has obtained a grant for an extensive evaluation of its services, facilities and needs, to be conducted in 1983.

The staff of 40 (20 full-time, 15 part-time, 5 casual or relief, including 9 positions at St. Eleanors House) have good depths of formal training, experience in the field, and personal or family experience with addictions. There is clear evidence of compatability and positive attitudes and relationships between the Board, senior staff and employees, and with clients (a token example: staff eat with residents), with one notable exception:

The St. Eleanors House manager on one hand, and the Chairman, Medical Consultant and County Director and some senior staff on the other, expressed to MMI clear differences in philosophy and addiction treatment strategy. While we suggest that there is more room for continued dialogue on these differences, they have become sufficiently sharp to be a danger to the organizational structure. Differences of opinion on a subject of such human importance are normally to be encouraged, but not to the point where - when decisions must be made - any employee is allowed to ignore or scoff at authority. That is a poor example for clients, and fails to include recognition of the fact that addiction services are provided not just for those who need treatment and care but also for the benefit of society in general.

We are dismayed by the thought that decisions concerning the effectiveness and relative value of St. Eleanors House could be influenced negatively by the intransigence of one employee - intransigence that is not only self-destructive but also potentially damaging to the clients whose interests he holds most dear.

Despite this exception, we agree that the greatest strength of Prince County Addiction Services is the agency's "team confidence", which evidently is shared by its Auxiliary and the community representatives we interviewed.

7.2. Effectiveness:

The agency is proud of its expanded program package, staff mix, and linkages with volunteer groups, and the availability/accessability of its range of services. It estimates that some 37% of its Summerside clients have been West Prince residents, with more also assisted by its field counsellor's contacts.

The Medical Consultant rates the detox unit as "excellent". The Nursing Supervisor has also had experience with counselling, family contacts and education outreach (true in other counties, too). The Summerside detox's reputation is such that two contacts suggested that consideration should be given to naming it as an additional alternative to the Charlottetown Addiction Treatment Centre for Mental Health Act referrals.

We received a clear description of the 3-week Intermediate Care (rehab) Program, which was designed and is still supervised by an employee who gave close attention to similar activities elsewhere. The growing reputation and credibility of those two services and the linkage between them is shown by the existance of a waiting list to enter the rehab program, which has accepted only 2 "repeaters" in 18 months.

Both residents (about 45%) and out-patients (55%) take the same rehab program, which is run on a closed-group basis. It is recognized that the out-patient approach is less expensive and prompts selection of the most motivated, but also that some who need more help with "lifestyle restructuring" need in-patient care.

Though the closed-group aspect is unusual, the agency accepts that it may be sacrificing some quantity of "reach" in favour of quality of effectiveness. It suggests that though it may lose some clients during the delay between detox and rehab, the delay may also reinforce motivation for those who wait. In any case, it is doubtful that it could handle more clients in rehab without adding qualified counsellors or losing effectiveness, since the program emphasizes participation and one-to-one counselling.

Other indicators of effectiveness include the following:

- It was reported by more than one source that a growing number of active alcoholics are now seeking assistance.
- A good working relationship exists with employers such as CN Marine.
- Information is well documented on a range of forms that show attention to detail, and there is more evidence of interest in analysis of that information than shown to MMI in other counties.
- The agency considers it has a strong combination of outpatient rehab, family, follow-up and education programs, which it considers crucial to the reduction of recidivism.
- The agency relates to reports that the number of AA groups in the county has expanded from 4 to 20 over the past 6 years.

7.3. Improvement needs:

The Summerside centre is crowded and cramped. Offices have to be used for counselling sessions, which sometimes also take place in corridors. There is no room for quiet relaxation, and narrow passages create difficulty in handling wheelchairs. The Board's goal of an improved facility is understandable.

The agency is sensitive to the need to provide better care for women, with more privacy in the treatment centre, and - ideally - a half-way house.

The agency is concerned that it may not be sufficiently preparing its extended care clients for return to stable life beyond St. Eleanors House, because of insufficient programming and conflicting management attitudes.

Surprisingly, this was the only agency that openly expressed a desire to further improve its liaison with other help agencies, to reduce duplication and increase communication effectiveness. The attitude is welcomed by Social Services.

As elsewhere, we recorded expressions of need for more exposure to courses and program delivery methods used elsewhere, especially for new employees.

7.4. Budget priorities:

Aside from the desire for a single building with more space, expressions of top priorities for any additional funds centred on:

- the addition of trained counsellors (with the extra space) to expand the rehab program's capacity and eliminate its waiting period,
- the addition of trained people to expand capacity for family counselling, follow up and education outreach activities, including at some point the addition of a program for high-risk children,
- the provision of a half-way house for women, with a likely staff need of only 3 positions.

Sources of possible savings to help finance the desired expansions included the following:

- elimination or conversion of St. Eleanors House, because its effectiveness is now rated so low, or reorganization of its admission, residence and management criteria to permit reduction in its staff positions
- a general review of classifications and pay levels, which are suspected to be inappropriately high in some cases,
- attempts to reduce expense in the detox, perhaps by more vigorous screening of chronic repeaters.

We have no choice but to agree that the continued existence of St. Eleanors House is in jeopardy so long as its relative effectiveness is rated below alternative uses of the same funds. This subject is further discussed in the Conclusions and Recommendations section.

8. QUEENS COUNTY

8.1. Structure:

The Alcohol & Drug Problems Institute Inc. operates the Addiction Treatment Centre on University Ave. in Charlottetown (7-bed assessment unit, 24-bed detox, 15-bed residential rehab), the ADPI out-patient facility on Beechgrove Rd., the Talbot House half-way house on Kent St. (20 beds + 1 cot), and the so-called Long Term Residential Unit - the Farm - at Fredericton (14 beds), with a total of 81 beds.

The Board of 12 members includes Dr. Leo Killorn and Mrs. Helen Killorn, a Chartered Accountant, a Lawyer, a Psychiatrist, a Physician (GP), a former PSA Director, a university Registrar, a university student counsellor, a civil servant, an employment program administrator, and a CNR employee who also serves on a school board. The Board includes some recovered alcoholics; meets about monthly; uses a personnel subcommittee; uses and sticks closely to well-prepared agendas; and accepts no honorariums or travel expenses.

The Board is chaired by Dr. Killorn, who serves also as County Director. The Board has evident confidence in Dr. Killorn to be fully responsible for general management, although the Board minutes show that close attention is paid when matters involving extraordinary expenditures are raised. The Board provides resource committees, but the staff feel no sense of interference.

Dr. Killorn avoids a hierarchal management system, preferring to stay in daily contact with all senior staff. As a result, his time is "spread rather thinly", occasionally to the point of communication muddles arising from insufficient delegation of responsibility. However, our research convinced us that inefficiency problems are greatly outweighed by the effectiveness of his dynamic leadership.

He has attracted a cooperative, selfconfident staff of 56 (37 full-time, 16 part-time, and 3 relief, including 7 at Talbot House, 5 at the Farm and 8 in the Assessment Unit).

The structure is not, however, bolstered by operating policies that have been carefully constructed and documented. That omission shows most markedly at the Farm, where the "long term residential care" averages less than two months, where repeat stays are the rule rather than the exception, and where the Manager is unable to apply any sort of "personal contract" with residents. Clients there include senior citizens (up to 76), and most are incapable of farm labour.

The absense of an appropriate admissions policy at the Farm, rigidly enforced, makes nonsense of the concept of operating it as a working farm aimed at work therapy. Instead, it is little more than a halfway house for the chronic repeater, with "an open revolving door". Active farms are operating elsewhere, in Cape Breton (private) and New Brunswick (agency), for example, but with very different policies.

8.2. Effectiveness:

Across the whole Island, respondents pointed first to the Farm as the activity with least evident cost-effectiveness, and many felt that it should top the list of possible sources for alternative use of funds. But others, while readily agreeing that it is not now as effective as it was intended to be, remain convinced that it could be. They argue that performance should not be confused with potential; that the way the Farm has been run does not prove that it could not be run in a more effective way.

We fully agree. But, until its objectives are clearly spelled out, until firm policies to implement those objectives are accepted, and until the Farm is equipped to enable it to operate as a potentially productive unit, no manager - however well qualified and well intentioned - could achieve what was originally expected.

The Farm stands out because of disappointment. But it has contributed some values. For some chronic repeaters, it has broken established patterns of behaviour centred on urban environments. It has been a useful alternative for downtown half-way houses, and it has provided the change of environment judged necessary for some clients from each of the 3 counties. It has produced food which has been supplied to the Charlottetown facilities. It served more than 80 clients in 1981/82, and has usually been near full.

The Farm has been one of the variety of facilities, services and programs which together have earned the Queens County agency a reputation for greatly improved effectiveness. Our research collected the following comments about effectiveness:

- The handling of intoxicated people is now much smoother.
- The number of admissions of active alcoholics to Hillsborough Hospital is reported to be down "drastically".
- There has been a noticeable increase in numbers linked positively from Sleepy Hollow.
- Demands on psychiatric services by active alcoholics is reported to be decreasing to "minimal".
- The Assessment Unit, originally intended to be used mainly by police as an alternative for the handling of troublesome drunks has become much appreciated by several referral sources. Staffed entirely by recovered alcoholics - which is acknowledged as obviously appropriate - it has limited success in upward linkage to detox and rehab

services, and clearly is used frequently by chronic repeaters as a simple "drying out" point. But it has handled between 1000-2000 admissions a year since it opened, and still counts more than 100 a month now with only 7 beds. Unfortunately, its value is also shown by the fact that it encounters "new people all the time".

- Queens County Addiction Services is acknowledged to handle more "chronics", and to therefore have a "more cumbersome task", than the other county organizations.

A pattern of repondent comments suggests that the greatest strength here now is "flexibility":

- "The prevailing philosophy is that services should be made available to those who can benefit."
- "We have a full range of speedily accessible services for all types of cases."
- "We now have flexibility to provide what people are willing and able to take."
- "They show a willingness to try to tailor a response to every individual."
- "They now have perhaps the best possible balance between professionals and recovered alcoholics, and can reach out to all levels."

A strong detox is conscious of the need for a good counselling component to link upward to rehab.....It is reported that there is now a much better rapport between service workers and client, and between workers and outside professionals.....Coordination of effort with other help services - Social Services, AA, AlAnon, AlAteen, etc. - is more obvious.....An after-care program, strengthened with a mix of employees and volunteers, holds 6 group meetings weekly with 10-12 people in each, over 6-month periods.

Under pressure of numbers, rehabilitation programs are open and semi-continuous. There is a clear division in content and intensity between the in-patient program at the Treatment Centre and the outpatient program at ADPI, with the latter running mornings only, being more similar to an extended detox orientation approach, more "didactic" and with less emphasis on group therapy. It is intended that clients should be matched with the program most likely to benefit them, but many variables - including home support, desire to continue working, and the condition of the Treatment Centre building - make decisions complex. At least one employer with an EAP has found the out-patient program to be considerably less effective.

But the rehab programs, here as in other counties, have shown their effectiveness by another yardstick: declining demand (and perceived need) for treatment outside the province at private centres. Froma peak of 49 referrals in 1980/81, numbers have declined to 26 in the 12 months of calendar 1982, and are expected by Dr. Killorn to fall steadily to "a dozen or fewer in 1984". As Dr. Killorn has been the focus point for these applications, his projection has particular significance. He notes that demand and need were highest before such rehabilitation-oriented programs were readily available on PEI; and that the decline is in proportion to the growing effectiveness of local programs and client confidence in them.

We recommend that Dr. Killorn's projections for out-of-province travel be embodied in future budget reserves.

8.3. Improvement needs:

Executive Council has already indicated that it accepts the concept of a move of the Addiction Services Central Office and the Queens County Treatment Centre activities to the former Provincial Sanitorium building on McGill Ave. Architectural plans for renovations are complete. The proposed floor space involves no expansion, merely more efficient allocation. Executive Council is now waiting for a final submission.

Presumably, the decision involves only a question of cost affordability. The primary cost is in renovation. A secondary cost, of the move of furniture and equipment, is insignificant.

Rent, heat, lights and miscellaneous maintenance costs at the University Ave. building totalled $67,000 per year at latest estimate. A minimum of $50,000 extra would be needed to make essential repairs to sustain the present facility in use for another year. The Public Works Division has projected a cost of $255,000 to restore it to acceptable minimum standards (wiring, heating, etc.) for any planned longer use. The cost of preparing appropriate quarters at McGill Ave. must first be compared to these.

Public Works has estimated the McGill Ave. renovation cost at $158,000. The equivalent of rent, heat, lights and maintenance there is an existing overhead cost.

Therefore, the move is most likely to result in a net cost saving, and a near-term cashflow advantage. Further, the move is expected to improve the effectiveness of addiction services (with economic advantages that cannot be ignored), including depression of demand for out-of-province treatment (which has cost an average of $116,000 per year in the past).

There appears to be an eminently acceptable case for immediate approval of expenditures for the move, and we recommend that the case be presented without delay.

The next highest priority improvement need concerns the agency's ability to provide adequate long term care and treatment for clients described widely as "street alcoholics" or "chronic repeaters". We understand that a half-way house is supposed to provide shelter and program reinforcement for the client who is able to continue or seek employment, but who is temporarily unable to find - or would be likely to relapse in - shelter elsewhere. We understand that the Farm was intended to re-teach the working lifestyle to those who could respond and be restored to the labour force, possibly by compulsory assignment; that it was not supposed to be a permanent residence. We understand also that there could be some overlap between the two concepts.

But we conclude that neither concept is being wholly observed in either facility, and that this deficiency - and resultant perception of low cost-effectiveness - is common to all 4 such facilities in PEI (which in fiscal 1982/83, were budgetted to cost $546,000).

It appears timely to reconsider this aspect of addiction services strategy. Elsewhere, costs are either being trimmed (by requiring the participation of residents in cooking, cleaning, maintenance, etc., and by reduction in staff positions) or diverted to similar but potentially more effective uses (productive shelter workshops).

The Farm could have been - and perhaps still could be - a model example of the application of therapeutic care. But not without a total revision of policies and procedures.

In Queens County, as elsewhere, some MMI respondents expressed serious concerns about the possibility that the services and facilities for one "category" of clients might be "sacrificed" to make affordable expanded programs for other categories. Further, they worried that such cuts might not produce net advantages - that the destructive impact of reducing care for chronic repeaters might be greater than the benefits of extending "reach" to other potential clients and of strengthening "prevention".

We cannot fail to observe that much caution is needed in evaluations of alternative uses of available funds. But we must also reemphasize the consensus that, if available funds in times of economic pressure simply cannot continue to cover all bases, the simple "care facilities" are the least evidently beneficial for the long run.

Other improvement needs described by Queens County respondents can be more quickly listed:

- Inadequate communications with employers with EAPs, to establish contact personnel and referral and reporting procedure awareness.
- Inadequate staff time for after-care, especially with clients who do not join or stay with AA.
- Need for more staff training and development activities.
- Need for more inter-agency communication at all levels.
- Need for methods to prevent staff "burnout".
- Need to further strengthen detox/rehab linkage through use of counsellors.

8.4. Budget priorities:

Relocation from - or (assuming the lease could renewed) complete renovation of - University Ave. is unavoidable, and so desperately required that Queens County Addiction Services respondents would quickly rationalize cuts to make it affordable if necessary.

But there is no more desire here than elsewhere to see anything lost; some familiar priorities appear on the budget addition list; and some differences in opinion (and awareness) show in the contrasts between desired additions and possible cuts:

- More outreach and liaison people.
- More and better counsellors for detox and rehab programs.
- A half-way house for women.
- A revised approach to handling the chronic repeater, to try to reduce the frequency of use of detox facilities, most likely through improved care/support environments.
- A youth "follow-through" program.
- Provision of funds to properly equip the farm ($50,000, plus $10,000 per year for steady upgrading).

As potential offsets, the following are nominated by some respondents:

- Measures to reduce the cost of meals, which are now regarded as superior to hospital standards.
- Reduction of staff positions, with offsetting use of volunteers where appropriate.
- Elimination of Talbot House, by doubling it into the Farm, and then providing transportation to offset the supposed downtown location need.

We conclude that, while there are some opportunities for minor expense trimming, budget restraint would not permit any significant expansion of activities without an equally sizeable sacrifice; and the most acceptable sacrifice would likely be the Farm. If the Farm is to remain, no other major upgrading would be possible without budget expansion.

9. KINGS COUNTY

9.1. Structure:

Kings County Addiction Services Inc. operates a 12-bed detoxification centre in Souris (with no separate bathroom for women residents), where the County Director and the Education Officer also have their offices, and a 10-bed combined residential rehab and half-way house facility at Georgetown (where an adjacent trailer provides conference room space).

The Board of 9 members includes a Building Inspector for the Housing Corporation (Chairman), a building contractor who is also a member of the Housing Corporation Board, a building contrator who is also a school board trustee, a retired painting contractor, a retired farmer, a farmer and lumber businessman, a former tobacco farmer, a lawyer, and a school teacher. According to the Chairman, 7 members are recovered alcoholics.

The Board as a whole meets very frequently and holds additional committee meetings. Agendas are prepared, but not always followed, as the Board handles extensive new business. Though the Chairman and some members are not satisfied with the minutes of their past meetings, MMI saw no evidence of attempts to correct errors or omissions.

The Board received $3,200 in honorariums in fiscal 1981/82, and charged $2,800 in travel expenses. A budget reserve of $4,800 was entered for honorariums in fiscal 1982/83.

The Board is extensively involved in all aspects of management, including personnel selection, discipline and administration, medical procedures, program content and personnel scheduling. The County Director has virtually no delegated authority.

The Medical Consultant reports that the agency has a "good, competent detox staff, with acuity". An active education program has achieved deep penetration into the school system, with effective materials. Some contact with families is achieved by the detox Nursing Supervisor. The agency reportedly developed an excellent rehab program, but the content may have varied recently. An auxiliary provides welcome support.

Evidence from the Board minutes, from interviews with the Chairman, the Medical Consultant, the Board members, several employees, and knowledgeable members of the public, and from analysis of statistics, leads, however, to the inevitable conclusion that the agency's structure is extremely weak:

- The Board is at odds with its senior staff, and has disagreed with its Medical Consultant over fundamental medical treatment matters.

- The County Director finds it impossible to demonstrate independent responsibility.

- Internal communications are haphazard, uncertain, and follow no lines of authority.

- Staff morale is low and there is evidence of a widespread lack of confidence in the Board's leadership.

- The disagreements between the Board and staff, and the dissatisfaction, are a matter of public knowledge.

The Board states a long-term goal to move all services and programs under one roof in Montague, and to this end it has taken some steps to open a "drop-in centre" there.

9.2. Effectiveness:

The Board is evidently united, confident and determined. But that confidence is based on the feeling that "it would be a surprise to hear that we don't have an excellent reputation".

Unfortunately, we have to report that the confidence is misplaced. Our analysis and conclusions are based not simply on interviews, but also on comparisons with patterns elsewhere, statistical records and Board minutes, and experience. But, certainly, the first indicators of potential effectiveness are **staff confidence and public reputation,** and we recorded the following comments under those subjects:

- "The Board is well-intentioned, but not proportionately capable."
- "Their heart's in the right place but their head's not."
- "The Board is too homogeneous, close-knit, with tunnel vision"....."subjective and limited in expertise".
- "The Board has empathy, but also subjectivity. None has direct experience of the programs"....."none has sat in on the rehab program"....."none has attended courses"....."they know people have got well, but they don't know why".
- "What does the Board understand about facilities and programs they have not experienced, and from whom?"
- "You can't buy empathy, but you can buy skills and techniques."
- "The Board should be more advisory than involved in management details."
- "Family relationships between Board members and newer staff are causing problems."
- "Board appointments are reflecting an opposing not a middle balance."

- "They seem to be struggling with themselves - Souris vs. Montague, the Board vs. the staff, the agency vs. the Central Office - instead of with the problems outside."
- "A house divided cannot function properly; it will eventually fall."
- "If the blind lead the blind, everybody falls in the ditch."
- "The reputation is not strong."

A **second set of indicators,** again drawn from more than one source, paint a similar picture:

- The Board is making all decisions on job qualifications, employee selection, probation, permanency, classification levels, and discipline; but not with results that earn the respect of senior staff.

- The attitude held by at least one Board member, that "This is strictly for the alcoholic....." contradicts the mandate to provide **addiction** services, ignores evidence throughout PEI that other drugs and cross-addictions are of increasing significance, and demonstrates an effectiveness-sapping concentration of focus. The same rigidity has presumably prompted retention of the signs outside both the Souris and Georgetown facilities, which still refer to alcohol and the old Addiction Foundation.

- The attitude also that ".....there are too many in this for the dollars and career positions," demeans the evident sincerity and dedication of the employees, a high proportion of whom have similar personal experience and empathy.

The Board has disagreed with:

- the application of a degree of applicant "screening" at the detox. This is supported elsewhere, as a means of controlling the "revolving door".
- the application of "pressure" to link detox residents to the rehab program. The weight of opinion among our respondents, both within Kings County and elsewhere, was solidly in support of this leverage. It is generally felt that there should be more resistance against repeaters, and that an attitude of forcing to promote an awareness of selection and applied motivation should be encouraged.
- "counselling" by the Medical Director. Whether he is a recovered alcoholic or not, he has professional qualifications for counselling.
- the use of Antabuse. Over a 4-month period, staff were informed first that it was compulsory, then that it was optional, and finally that it was forbidden. We do not feel that the Board is qualified to make any such decision.
- attendance of inter-agency meetings with Justice, Social Services, etc., by as many as 3 staff members.

- That the Board has disagreed on these points, places it in sharp contrast with accepted practices and attitudes elsewhere.

Typical of the Board's difficulties was a controversy over whether employees should pay for meals provided on the job. Resistance was met with the threat of requests for resignations, which was later rescinded. Morale was seriously damaged by the Board's attitude and communication style.

Concerned that residents of Southern Kings - some of whom seek treatment in Charlottetown - may not have sufficient accessability to services, the Board has experimented with the creation of a **"drop-in centre"** in Montague. During 24 days when this temporary facility was staffed by counsellors drawn from the Souris and Georgetown programs, only 7 visitors were reported (by one counsellor), plus one AA group.

More publicity for the concept is now planned. However, we understand that the concept may be in process of amendment, perhaps with increased emphasis on the use of volunteers, and towards the idea of a "distress centre". While all agencies welcome volunteer involvement, we find it disconcerting that at least one Kings County Board member expressed the opinion that "volunteers can counsel just as well". That implies either a disregard for the additional values of formal training, or a low regard for the calibre of the agency's own counsellors.

Other effectiveness concerns include the following:

- The separation of detox in Souris from rehab in Georgetown is not considered desirable. It occurred because of cramped quarters at Souris and spare space at the Georgetown half-way house. Recalling that both the Prince and Queens County agencies favour offering all services under one roof, it is not surprising that difficulties have arisen in Kings County, nor that the Board would prefer a single location in the geographic centre of the county. However, a move of the rehab program to Souris would certainly cause less dislocation than a move of the detox (and all its jobs and employees) away from Souris.

- Statistics show a decline in the numbers of clients taking and completing the rehab program. The drop-out rate is high. We are concerned by reports that the program content may have been "watered down", and by the possibility (acknowledged by him) that the principal

counsellor's effectiveness might be limited to certain age groups. We note that his style has caused serious complaints from fellow employees, and that at least one client has walked out of his sessions in protest against use of foul language.

- On the adoption of the rehab program, the Georgetown facility was closed to half-way house residents; those in such need were accomodated in other counties. But declining occupancy at Georgetown prompted it to be reopened for both uses. The mixing of clients may be damaging rehab effectiveness.

- There are indications that counsellors could benefit from more formal training in case planning and joint conferencing (which now is seen to start at discharge instead of before).

9.3. Improvement needs:

It is an inescapable conclusion that the present Board of Kings County Addiction Services Inc. has insufficient depth of ability and breadth of perspective, and that those deficiencies must be corrected before the full potential of the financial investment, staff and programs can be realized.

The Board has acknowledged its weakness and its willingness to try to bring in members with additional qualifiфcations. However, it is seeking only those with similar "sympathies", and that will do little to create a balance between extremes of philosophy and strategy. We found that 14 of 16 Kings County residents we interviewed were able and willing to serve on the Board.

Unity, trust, and individual and mutual confidence, need to be restored. This will not happen until the Board accepts its insufficiency and adjusts itself, or is replaced.

We do not accept the Board's premise that it could overcome all its problems with a different County Director. The most evident problems do not trace to that source.

Other improvement needs include the following:

- A need to ensure that the potential effectiveness of the rehab program is maximized. We recommend that either supervision authority, or delivery responsibility, or both, be given back to Anne Tierney - who prepared the program and trained the present counsellors, and who we rate as one of the most valuable resources in this field in all of PEI.
- A need for more formal training of key employees, and more exposure to group therapy techniques.
- A need to reorganize lines of communication and allocation of authority comensurate with responsibility. In particular, the County Director - who should be responsible for day-to-day management decisions beyond ordinary administration - should be given full opportunity to demonstrate her capabilities, as County Directors are elsewhere.
- The potential values of the added intervention capability of the Addictions Act have the unanimous support of th present Board, and are strongly supported by other knowledgeable Kings County respondents.

9.4. Budget priorities:

As mentioned, the present Board's major goal is to upgrade service accessability for Montague and Southern Kings, and to eventually combine all resources under one roof in Montague.

Without a definite program or schedule for that plan, there are ideas for other changes and short-term actions which appear more responsive than coordinated. For example, a $23,000 Canada Community Development grant recently approved under the Canada Employment Program is apparently intended to be spent on physical improvements to the Georgetown house and trailer and the Souris buildings (including renovation of the 3-room attic to increase space there), and on measures to "provide a distress centre at Montague".

Other suggestions for changes that might permit either cost reductions or more effective reallocations of expenditures, included:

- Expansion of Souris to provide much-needed consultation space.

- Addition of counsellors for expanded family, youth and general field contacts.

- Coordination of a family-care and follow-up program from Montague, through location there of one or more full-time counsellors concentrating on those activities only.

- Expansion of the travel budget to permit more outreach activities. (We noted, however, that 27% of the budget allocated for travel in fiscal 1981/82 was consumed by Board expense claims.)

- Relocation of the rehab program and trailer to Souris, to achieve a reduction of staff activity duplication. Residential rehab in Souris could be provided only with physical expansion, which might cost less than continued operation of the low-occupancy Georgetown facility.

- Reduction of the Kings Couty rehab program to an out-patient service, with residential care to be provided in Charlottetown.

- Conversion of Georgetown House into a half-way house for women, to serve the whole Island.

- Renomination of Georgetown House as a long-term residence for the whole Island, to replace the Farm.

C. CONCLUSIONS AND RECOMMENDATIONS

10.1. Progress since 1979:

With two areas of exception, we conclude that the essential thrusts of the Advisory Committee's 1979 recommendations, and the pattern of decisions and initiatives taken since then, have been implemented with evidently beneficial results.

The situation in **Kings County** demonstrates the inherent danger of decentralization of responsibility. Though the consensus is that improvements have been made even there, the level of achievement is much lower, and it is not unreasonable to regard the extremely high per capita investment in Kings County as somewhat wasteful at present when compared to the benefits of similar expenditures elsewhere.

While continued use of the regional agency-delivery strategy still appears appropriate, we conclude that the Kings County situation should teach two important lessons:

- It is inappropriate to delegate complete authority - or to permit the perception that complete authority has been delegated - for totally independent local initiative. Obviously, so long as funding comes from Government and is based on budgets and auditable records, that is not, in fact, the case. But it should not be necessary to have to quarrel over authority, responsibility and lines of communication.

- There are obvious benefits in retaining a degree of central authority, to monitor and adjust performance standards, to impose appropriate uniformity, to ensure coordination, cooperation and communication, and to minimize wasteful duplication.

We recommend that these lessons be applied in a review and upgrading of:

- the authority and responsibilities of the provincial Director,
- the job descriptions of the Central Office staff,
- the intended role of the County Directors,
- the policies and procedures that should amplify agency contracts (performance standards and review mechanisms).

We would not expect any objection from the Prince or Queens county agencies, where misinterpretation is neither implied nor anticipated. By them, changes or expansions of contract terms should be regarded merely as safeguards, and useful clarification.

But to ensure the continued value of the progress made since 1979, and to restore potential in Kings County, the capacity for disagreement must be reduced.

10.2. Financing and budgetting:

The question of how much can or should be spent on addiction services in PEI is far too complex for independent analysis. Only the Yukon & Northwest Territories are known to be spending at a higher per capita level; but all across the country there are differences in needs, circumstances, affordability, philosophies, accessability, and in many other variables.

The problems and penalties of chemical addictions - not just of alcoholism - remain very evident in PEI. There are some indicators that more women are developing drug addiction and cross-addiction problems, but it may also be that they are becoming more aware of the availability of effective programs and more willing to seek help. There are some indicators that addiction services are reaching more from the higher socio-economic sectors, perhaps for one or both of the same reasons.

But while there is a general confidence that **treatment** activities are much improved, there remains an equally strong conviction that more needs to be done in **preventive education and intervention.**

If it is accepted that more should be done in these areas, it must then be decided whether funding can come from increases in total expenditures or through reallocation by cutting out those activities with least evident value or least potential loss.

Like every other government department or agency, the Addiction Services Central Office and county agencies have been required by the recent budget exercise to look for possible reductions, under Government pressure to impose restraint. But there was no agreement on a methodology for the review, nor easy way to ensure that each agency was establishing its own high and low priorities for the longer term. Nonetheless, it proved feasible to identify a number of possibilities for cost reductions and a measure of agreement on lowest priorities.

This study found few respondents who felt that anything could be cut without some negative impact. But when requested to state whether they would finance additional activities at the expense of some present service, most were in agreement that indeed they would:

- **They would finance additional outreach activities (intended to increase prevention) at the expense of simple care facilities,**
- **but they would fight to preserve active treatment programs, particularly those with demonstrable rehabilitation effectiveness.**

Thus, though most agreed that the Farm ought to be more effective, they used its perceived present ineffectiveness to justify nominating it as the first source of potential savings.

With such consensus, another conclusion becomes evident: If other reasons, perhaps not apparent to these respondents, argue that the Farm and other "care" facilities should be retained, then further progress can be funded only by additonal investment, not by reallocation.

Such ultimate decisions can be made only by Government, assisted by advisors who are familiar with all the variables.

To ensure that budgets are always based on fresh evaluations of priorities and alternatives, we recommend that the county agencies (and Central Office) should be required regularly to submit the following:

a) budgets needed to maintain the past year's activities, **without change** other than to accomodate inflation,
b) plans for the expenditure of a further 10% **increase** in funds above level a), showing the expanded or fresh activities proposed,
c) plans for the expenditure of funds 10% **lower** than level a), showing where the cuts would be applied.

With the involvement as appropriate of the Minister and the Advisory Committee, the Addiction Services Director and his staff should then propose which of the fresh initiatives and which of the cutbacks merit acceptance.

This method will permit and encourage the county agencies to clearly identify their own priorities, highlight their additional needs, and nominate those of their activities which would have least negative impact if cut. Moreover, it will provide an increased ability to:

- change the relative levels of funding between counties, where that is considered appropriate in light of alternative potential benefits,
- share out limited available total PEI budget increases to where the extra amounts can be most productive,
- share out reductions when necessary, with due regard to relative impact.

Similarly, Government will gain better perspective on budget change needs, by seeing the potential impact of decreases, maintenance or increases.

During our research, we proposed this approach to all Chairmen and County Directors. All expressed enthusiasm.

10.3. Kings County

10.3.1. Board:

We conclude that most of the problems and deficiencies now obvious in Kings County Addiction Services stem from the composition of the Board of Directors there. It is our professional evaluation that the present Board members are sincere, dedicated and well-intentioned, but unaware of:

- their narrowness of group focus,
- their inability to obtain the degree of community support evident in other counties.
- the damage done to staff morale, effectiveness and program delivery, by their inexperience in procedures and management techniques,
- the values that could be added by Directors with other perspectives, and with business and professional experience.

In light of past difficulties in achieving harmonious relationships with the volunteer resources so willingly offered by the AA movement, it is not surprising that the present Board is so fiercely determined to protect the gains in local responsibility provided by the contract agency approach, and indeed everything should be done to preserve true advances.

But most of the dollars spent in Kings County come from the same purse as those spent in Prince and Queens. And if the premise is valid that they should be spent on activities with highest potential benefits, and Kings County activities are evaluated as producing less benefit than present or potential activities elsewhere, then Kings County stands in jeopardy of losing the means of exercising separate responsibility. The present Board there does not appear to know how to direct its resources - facilities, people and money - to maximize potential benefit.

Lest there be any misunderstanding, we are not implying that the competance, philosophy or preferred addiction services strategy of any individual Board member is valueless. Far from it; personal experience with addiction problems, and the empathy, dedication and zeal that often arise from successful recovery, are of known value in the field. And the ability by virtue of experience and similar background to relate to the needs of many of Addiction Service's clients is essential.

But effective direction of Addiction Services resources requires more. In Prince and Queens counties, and elsewhere, it has been found most effective to have Boards composed of people with a variety of backgrounds, capabilities and expertise; physicians, accountants, clergymen, lawyers, school administrators, as well as businessmen, farmers, civil servants, etc; women as well as men; non-alcoholics as well as recovered alcoholics.

Respondents to this study, in Kings County and elsewhere, reported their conclusions that:

- direction by a Board so uniform in composition and attitude cannot be expected to be anything other than narrowly focussed;
- such a Board cannot be expected to be able to judge Kings County's needs, the best means to meet those needs, or appropriate ways to measure effectiveness, with balanced perspective;
- a Board so determined to accept only new members with like sympathies is not being responsive to evident dissatisfaction within its own region;
- the present Board of Kings County Addiction Services Inc. must be adjusted, if necessary by threat of contract withdrawal.

We conclude that the belief that better results could be achieved, combined with the evidence of widespread dissatisfaction, demonstrates that change indeed must be made, hopefully in a voluntary manner.

We recommend that the composition of the Kings County Addiction Services Inc. Board be upgraded to achieve a more appropriate balance between direct experience, management expertise and professional knowledge, and that this new balance be tested by the need to obtain the respect and confidence of the employees as well as broad community support.

Further, we recommend that the implementation of all decisions made by that Board and recorded in its meeting minutes be subject to prior evaluative review by the provincial Addiction Services Director, until such time as the Director is satisfied that the Board has become capable of exercising independent responsibility.

10.3.2. Kings County employees:

Strife between the Kings County Board and its senior staff employees, and the low employee morale generally (as shown by the fact that not one employee interviewed by us was wholly supportive of the Board), is counterproductive, can be destructive, and must be eliminated.

But, whether or not there are weaknesses on the staff side of the problem, we conclude that the present Board is not capable either of adequately balanced judgements concerning staff capabilties and effectiveness or of identifying or applying the most appropriate remedial action.

Therefore, we also conclude that it would be inappropriate and unfair to permit the present Board to dismiss any senior staff, or to discipline or dismiss any other employee without the concurrence of the County Director. But a Board with more balanced composition, that earns the respect of its employees through its self-adjustmnent (or that is freshly appointed) should have those normal rights restored.

10.4. Outreach programs:

Outreach programs include:

- public education, including potential sources of referrals, school students, voluntary groups, etc.,
- youth programs, aimed at those in high risk environments and those with drug use patterns that could lead to suffering and future treatment need,
- family programs, aimed at the families of Addiction Services clients, to help them understand the nature of the problem and become more supportive, and to help plan comprehensive recovery programs with linkages to other aid services,
- after-care programs, intended to monitor and encourage post-rehabilitative stability,
- and, not least among these and others, mobile counsellors, able to take knowledge and advice to the communities and rural areas more distant from the central facilities.

Respondents noted that only a small proportion of addiction service employees now concentrate on these important activities; that education and intervention are the first two levels of prevention; that while measurement of cost-effectivess might be particularly difficult for some of these activities, they perhaps offer more potential than most others to be the means of eventually reducing addiction numbers and costs; and that active outreach is often the only way to make effective contact.

We conclude that Boards would be well advised to take note of this large measure of consensus, and that Government should give additional weight to consideration of funding requests for such activities.

10.5. Half-way houses and the Farm:

We found very little support for the concepts and approaches now represented by these facilities; not a lack of awareness of the minimum "care" need, but a perception that they are inappropriate within the Addiction Services portfolio unless they can be made far more effectively therapeutic.

Some respondents felt that it should be unnecessary to have cooks and housekeepers and both managers and attendants. Most half-way house residents, they say, could do their fair share of cooking and cleaning, if those were the terms of admission.

For those clients who are unemployed and need therapy to regain employment abilities, respondents suggest much more is needed that shelter, presentations and group discussions. They would like to see more use of shelter workshop techniques - in-house work environments (with attendants responsible for work direction) or transportation to training centres. They quote examples elsewhere of a trend in this direction.

We conclude that it is appropriate for Boards and Government to look towards the half-way houses for possible cost savings, particularly when there is no other way to finance new initiatives with potentially greater benefit. However, we also conclude that the possibility of negative impact - either elsewhere in the support system (diversion of cost with less benefit, or diversion to other forms of care with more cost) or elsewhere in society (e.g. increased crime) - cannot be left out from any consideration of bed reductions.

For the longer term, we recommend that attention should be given to the merits of converting half-way houses from simple shelter and

minimal therapy to shelter workshops of the type becoming more popular in other provinces.

But before any decision is made on this subject, one other aspect is of overriding significance to many of this study's respondents: there are now no addiction services half-way house beds in PEI for women. We conclude that it is a pressing need, and that there is considerable support for a solution to it. Such a facility could be created by converting an existing one, or at the expense of one (alternative use of funds). But it will not be easy to make such a decision in light of the potential impacts noted above.

10.6. Services and facilities:

- We recommend that the Queens County Addictions Treatment Centre (and the Central Office) be moved to the Provincial Sanitorium Building as soon as possible.

- We recommend that Prince County Addiction Services Inc. be encouraged to develop details of its proposal to relocate to a new building with more space, and that this subject be a high priority for cost-effectiveness evaluation within the study recently funded there by the Canada Employment & Immigration Commission.

- We recommend that the Montague drop-in/distress centre be suspended until an expanded Kings County Board can reconsider the merits of alternative ways to maximize service to Southern Kings.

- We recommend that one of the first priorities of an expanded Kings County Board be to determine whether a fully effective residential rehabilitation program could ever anticipate client numbers sufficient to justify a facility separate from Souris.

10.7. Other observations:

- There is a need for rationalization, streamlining and reduction in the amounts and uniformity of **data collection for analysis,** and for increases in analysis and communication to the county agencies.

We do not see much evidence now that the present statistical information system is used to much advantage. A certain amount of data must be collected, simply for monitoring and record purposes. But the rest should be oriented towards potential future decisions. Revision in this whole area will not be a simple task.

- Many employees - and some knowledgeable observers - expressed the need for more staff training. We recommend that a campaign be planned to appraise training needs, prepare an upgrading program, and obtain County Board and Director commitment to its implementation.

POOR

QUALITY

ORIGINAL